A.

В.

C.

SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 70 / 104 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Wasserman-Schultz for Congress Full Name (Last, First, Middle Initial) Transaction ID: D291871 Jet Blue Date of Disbursement 18 o 1 2008 Mailing Address 19 Old Kings Highway South City Zip Code State Amount of Each Disbursement this Period 06820 Darien CT 209.50 Purpose of Disbursement Fundraising travel expense Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: 2008 House X Primary Senate General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D294503 JIM HIMES FOR CONGRESS Date of Disbursement 0 4 0 2 2008 Mailing Address 65 High Ridge Road Box 456 **BOX 456** City State Zip Code Amount of Each Disbursement this Period 06905 Stamford CT 2000.00 Purpose of Disbursement Contribution Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Jim Himes Type Office Sought: House Disbursement For: 2008 Senate X Primary General President Other (specify) District: State: Full Name (Last, First, Middle Initial) Transaction ID: D294512 JOHN BOCCIERI FOR CONGRESS Date of Disbursement 2008 Mailing Address PO BOX 3016 City State Zip Code Amount of Each Disbursement this Period **ALLIANCE** OH 44601 1000.00 Purpose of Disbursement Contribution Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 John Boccirei Type χ House Office Sought: Disbursement For: 2008 X Primary General Senate President Other (specify) State: OH District: 16

SUBTOTAL of Disbursements This Page (optional) ...

TOTAL This Period (last page this line number only)

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